

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000057996

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CARTER INTERNAL MEDICAL BILLING, INC.

**Current Principal Place of Business:**

11524 NW 15TH LANE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

11524 NW 15TH LANE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 51-0470248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOOMER, GEORGE M III  
4429 CR 218 WEST  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

CARTER, JACQUELINE K  
11524 NW 15 LANE  
GAINESVILLE, FL 32606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JACQUELINE K CARTER

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CARTER, JACQUELINE K  
**Address:** 11524 NW 15TH LANE  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JACQUELINE K CARTER

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date